

## PROGRAM FEE WAIVER APPLICATION

Page 1 of 2

### DPR OFFICE USE ONLY

Staff receiving applications must ensure that all sections have been completed by the applicant and that it is legible.

Received by DPR Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

**Eligibility and Application:** All applicants must complete the application in full to be considered for a Program Fee Waiver. The City of Durham Parks and Recreation Department (DPR) will make accommodations for participants who cannot complete the Fee Waiver Application without assistance. Your application will expire one year from the date of the approval, at that time you must reapply. You may reapply at any time if your public assistance status changes. Please read the following carefully before completing this form.

**Approval:** Approval will be based on the information verified by the Durham County Department of Social Services (DCDSS).

**Confidentiality:** All Program Fee Waiver Applications are public documents that must be made available to any person upon request. However, in the absence of a request to provide this information, Parks and Recreation Department staff will keep all information strictly confidential.

**Registration:** This application does not replace the registration process. You will be required to follow all applicable registration procedures for all programs or activities.

**A written response will be emailed to the email address listed on this application advising whether or not your application for the Program Fee Waiver has been approved. You may contact Durham Parks and Recreation Administrative Services at (919)560-4355 if you need further assistance.**

**Please print legibly (ALL FIELDS MUST BE COMPLETED)**

New Applicant ☐

Renewal Application ☐

Applicant's Full Name (First, MI, Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #'s: (Work) \_\_\_\_\_ (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

Your signature indicates that the information provided within this application is correct to the best of your knowledge, and authorizes the City of Durham Parks and Recreation Department to verify the information through the Durham County Department of Social Services.

SIGNATURE

DATE

### **Mail completed Fee Waiver Applications to:**

Durham Parks and Recreation Department  
Attention: Administrative Services  
101 City Hall Plaza  
Durham, NC 27701

### **Deliver in person to:**

Durham Parks and Recreation Administrative Office  
located at: 400 Cleveland Street; Durham, NC

### **Or to:**

Any DPR Recreation Center  
(For a listing of Centers, visit [www.DPRPlaymore.org](http://www.DPRPlaymore.org))

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Date Response mailed to Applicant: \_\_\_\_\_

Approved: ☐

Denied: ☐



CITY OF DURHAM  
PARKS AND RECREATION DEPARTMENT



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Page 2 of 2

**Memo To:** Durham County Department of Social Services  
**Attention:** Deatrice Elliott  
**From:** City of Durham Parks and Recreation Department  
**Subject:** Verification of Public Assistance Status

The undersigned authorizes the City of Durham Parks and Recreation Department to ascertain from the Durham County Department of Social Services (DCDSS) their status as a public assistance client, and authorizes DCDSS to provide information relative to their status as a public assistance client, and authorizes DCDSS to provide information relative to their status as a public assistance recipient. DSDSS is specifically authorized to provide information in the following categories.

**Please indicate all types of assistance you are receiving from the Durham County Department of Social Services.**

	Type of Assistance	For DCDSS Office Use Only Verified by DCDSS
<input type="checkbox"/>	Welfare (monthly check)	
<input type="checkbox"/>	Food Stamps	
<input type="checkbox"/>	Counseling (services)	
<input type="checkbox"/>	Medical	
<b>DCDSS Office Use Only</b> Date Verified: _____ Initial of DSS Worker: _____		

This authorization is given with the understanding that the release of this information is governed by state and federal statutes and regulations, and that the revelation of such information is a criminal violation. Consequently, this authorization is limited to the information necessary to determine my eligibility for services from the City of Durham Parks and Recreation Department and its use to only those individuals necessary in making that determination. This information is given of my own free will and not under duress of any kind.

This is the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

**Applicant Signature:** \_\_\_\_\_

**PLEASE PRINT - WRITE LEGIBLY. ALL FIELDS ARE REQUIRED AND MUST BE COMPLETED FOR EACH MEMBER LISTED.**

	Name (First, MI, Last)	Social Security # (last 4 numbers only)	Gender (M/F)	Birthdate
<b>Applicant:</b>		XXX-XX-____		
<b>Family Member:</b>		XXX-XX-____		
<b>Family Member:</b>		XXX-XX-____		
<b>Family Member:</b>		XXX-XX-____		
<b>Family Member:</b>		XXX-XX-____		

<b>DPR OFFICE USE ONLY</b> Submitted by: _____ Title: _____ Date: _____
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